

02/24/88

Shipper 15968 Department of Health Services  
Toxic Substances Control Division  
Sacramento, California

**UNIFORM HAZARDOUS  
WASTE MANIFEST**

1. Generator's US EPA ID No. C A X 0 0 0 0 3 6 4 8 3  
Manifest Document No.

2. Page 1 of 1  
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

Para Plate

15910 Shoemaker, Cerritos, CA 90701

4. Generator's Phone (213) 404-3434

A. State Manifest Document Number

87118582

B. State Generator's ID

5. Transporter 1 Company Name  
Omega Recovery Services

6. US EPA ID Number  
CAD 042 245 001

C. State Transporter's ID

D. Transporter's Phone 213/698-0991

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address  
Omega Recovery Services  
12504 E. Whittier Blvd.  
Whittier, CA 90602

10. US EPA ID Number

CAD 042 245 001

G. State Facility's ID

CAD 042 245 001

H. Facility's Phone 213/698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No. Type

13. Total Quantity

14. Unit Wt/Vol

15. Waste No.

a. Waste ORM-A NOS NA 1693 ORM-A  
(Flexosolvent)

002 / DM

30

G

State 2-11  
EPA/Other

b.

State

c.

State

d.

State

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a. 01

b.

c.

d.

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

JULIO A. ROSALES

Signature

Julio A. Rosales

Month Day Year

02/25/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

JAVIER HERNANDEZ

Signature

Javier Hernandez

Month Day Year

02/25/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

FRANK FORD

Signature

Frank Ford

Month Day Year

10/24/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY